(Depositor's name) (Signa) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/802,481 03/16/2004 Ronald N. Perry 4085 TITLE OF INVENTION: METHOD, APPARATUS, AND SYSTEM FOR RENDERING USING A PROGRESSIVE CACHE APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FRE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUB DATE DUE ποπριονisional NO \$1400 \$300 \$0 \$1700 02/15/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS WASHBURN, DANIEL C 2628 345-506000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Divl Brillman (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

Mitsubish: (B) RESIDENCE: (CITY and STATE OR COUNTRY) Laboratories, Inc. Please check the appropriate assignce category or categories (will not be printed on the patent): 🗖 Individual 🖫 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid lasue fee shown above)

A check is enclosed. 196. Acc. 450-076 [Jssue Fee Publication Fee (No small entity discount permitted) Payment by credit card, Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0-4 3 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

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□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).